

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Florida-Federal Campaign Committee

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Herbert Kahlert  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 500 Australian Avenue S., Ste. 710  |   | <b>Transaction ID:</b> 61012.C1366966                           |
| City State Zip Code<br>West Palm Beach FL 33401   | <b>Amount of Each Receipt this Period</b><br>10000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | <b>Receipt</b>  |   |
| Name of Employer<br>Karl Corporation  | Occupation<br>real estate                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>10000.00                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Virginia Kaul  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 0 6 / 2 0 0 6 |
| Mailing Address 825 Seddon Cove Way   |   | <b>Transaction ID:</b> 61012.C1366317                           |
| City State Zip Code<br>Tampa FL 33602-5703  | <b>Amount of Each Receipt this Period</b><br>500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | <b>Receipt</b>                                      |   |
| Name of Employer<br>n/a   | Occupation<br>Retired                               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>875.00                  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Bruce Kennedy  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 7 / 2 0 0 6 |
| Mailing Address 2084 S Halifax Drive  |  | <b>Transaction ID:</b> 61019.C1368413                           |
| City State Zip Code<br>Daytona Beach FL 32118   | <b>Amount of Each Receipt this Period</b><br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | <b>Receipt</b>                                       |   |
| Name of Employer<br>Self Employed   | Occupation<br>Physician                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00                  |   |

**SUBTOTAL** of Receipts This Page (optional) .....

15500.00

**TOTAL** This Period (last page this line number only) .....